



Response to the Primary Health Reform Recommendations

July 2021

The Australian Chronic Disease Prevention Alliance (ACDPA) is an alliance of Cancer Council Australia, Diabetes Australia, Heart Foundation, Kidney Health Australia, and Stroke Foundation. Members work together to collectively promote prevention, integrated risk assessment and effective management of chronic disease risk.

We welcome this opportunity to provide comments on the recommendations for the Primary Care 10-Year Plan and we recognise the immense effort and stakeholder engagement that has informed the recommendations.

Overall comments

ACDPA supports the suite of recommendations to shift primary care towards an integrated, person-centred approach that supports health and wellbeing. We broadly agree with all the recommendations and highlight the need to implement the recommendations as a package, based on the interactive and complementary nature of the recommendations.

We also highlight the importance of bipartisan support across levels of government to progress the recommendations and ensure the Primary Care 10-Year Plan achieves its purpose over the next decade and beyond.

Implementation

ACDPA highlights *Recommendation 20 – Implementation* as crucial, including evidence-based advice and funding to support implementation and achieve primary health care system reform. We note the need for expert input to inform the Implementation Action Plan and set SMART (specific, measurable, attainable, realistic, timely) targets with responsibilities and a framework for monitoring and evaluation.

ACDPA requests involvement as the Implementation Action Plan is developed to represent the needs of people affected by, or at high risk of, chronic conditions and to provide evidence-based advice on prevention, risk assessment and early detection. We support a shift in primary care towards health and wellbeing through preventive action and timely risk assessment, and we recognise the enormous potential of primary care system reform to reduce the burden of chronic disease in the community.

Recommendations

ACDPA broadly supports all the recommendations and highlights the need to implement the full suite of recommendations, due to their interactive and complementary nature. Our response focuses on three groups of recommendations:

- Person-centred health and care journey, focusing on one integrated system (recommendations 1-5)
- Adding building blocks for future primary health care – better outcomes and care experience for all (recommendations 6-8)
- Primary care workforce development and innovation (recommendations 10-14)

Recommendations 1 – 5: Person-centred health and care journey, focusing on one integrated system

ACDPA strongly supports the recommendations to enable an integrated health system and reorient the system towards primary care and keeping people well for longer.

One in two Australians have a chronic disease and one in five Australians have multiple conditions.¹ Many conditions share risk factors and interact to increase risk, highlighting the importance of whole-person and integrated care to prevent and manage disease.

Chronic kidney disease, diabetes and cardiovascular disease affect 29 percent of Australian adults and frequently occur together.² One in three hospitalisations involve diabetes, cardiovascular disease and/or chronic kidney disease.

We support the recommendations around integration, voluntary patient registration (VPR) and funding reform as necessary components to improve continuity across the continuum of care – from prevention, risk assessment and management of risk, early detection, treatment, supportive care, rehabilitation and ongoing management, and palliative care.

Models of care that promote integration are essential to enhance communication between care teams and across settings, as well as ensuring people affected by chronic disease are actively involved in decision-making, management, and ongoing care for their condition.

Funding reform is necessary to provide structures and incentives that support general practices to proactively engage with patients and ultimately move towards a system that promotes health, wellbeing, and whole person care. Evidence shows spending on prevention would save lives, improve population health, and create economic and health returns on investment.³

We strongly support recommendations to Close the Gap and reduce the unacceptable life expectancy gap between Aboriginal and Torres Strait Islander peoples and other Australians. Chronic conditions account for 80 percent of the mortality gap between Indigenous and non-Indigenous Australians and primary care reform is essential to better assess risk factors, support people to understand and manage their risk of disease and detect conditions early for better treatment options and outcomes.

Recommendations 6-8: Adding building blocks for future primary health care – better outcomes and care experience for all

ACDPA strongly supports the recommendations to improve access, support prevention, and create better outcomes and care experiences.

Chronic conditions cause nearly 90 percent of death and disability in Australia and are responsible for 50 percent of all hospitalisations.⁴ However, more than one-third of disease burden could be prevented by addressing modifiable risk factors, including tobacco smoking, overweight and obesity, unhealthy diets, physical inactivity, high alcohol consumption, high blood pressure, and high cholesterol.

Equity of access to preventive care is important to keep people well longer. Risk assessment and early detection is especially important as people age to halt or slow disease progression, prevent avoidable complications, and enable treatment at an earlier stage of disease for better outcomes.

One in three cancers could be prevented by addressing risk factors. Population-screening programs for breast, bowel and cervical cancers increase early detection and improve treatment outcomes. However, there is enormous potential for primary care to assess and manage risk factors that contribute to cancers and other chronic conditions.

Around 2.5 million Australians are living with high risk of cardiovascular disease (CVD) and around 2 million Australians are living with pre-diabetes. There are also 1.5 million Australians who are unaware they are living with signs of kidney disease⁵ and around 500,000 people with silent undiagnosed type 2 diabetes.

An estimated 80 percent of CVD events are preventable by intervening to reduce risk.^{6,7} Yet, only one-quarter of Australians at high risk of a first-time CVD event are receiving basic best-practice preventive therapies.⁸

We recommend the explicit recognition of risk assessment, management of risk and early detection as core parts of embedding prevention in the health system – including through funding reform to proactively support health professionals to assess and manage risk. Other enablers include development and promotion of risk assessment tools and strategies for general practice, adequate training for health

professionals, and ensuring strong referral pathways to behavioural risk management programs including weight management, nutrition, and physical activity services.

Voluntary patient enrolment and social prescribing could strengthen relationships between patients, health providers and community services to support behavioural changes and improve health outcomes.

Recommendations 10-14: Primary care workforce development and innovation

We support the recommendations to build workforce capability in partnership with funding reform. This would provide opportunities to increase the involvement of primary care nurses and allied health professionals in supporting prevention, risk assessment, management of risk, supportive care, and rehabilitation for chronic conditions.

We also note the need for funding changes to expand the number of allied health consultations for people with chronic disease management plans. The existing limits are inadequate to meet the complex needs of people with one or more chronic disease, as many people require a range of allied health services to manage their condition and/or rehabilitation. As stated earlier, one in five Australians have multiple chronic conditions and require access to a range of allied health services to be supported to manage their conditions.

There are millions of Australians living with, or at high risk of, chronic conditions who would benefit from funding, structural and cultural reform that increases access to an upskilled primary care workforce and enhances continuity across the continuum of care.

Key statistics

- One in two Australian men and women will be diagnosed with cancer by the age of 85. In 2020, it was estimated that there would be nearly 150,000 new cancer cases diagnosed and just under 50,000 deaths from cancer.⁹ However, one in three cancers could be prevented by addressing modifiable risk factors, including smoking, UV radiation, body weight, poor diet and alcohol.¹⁰
- Around 1.5 million Australians are unaware they are living with signs of kidney disease.¹¹ One in three Australians have risk factors for chronic kidney disease.¹² Up to 90 percent of kidney function can be lost before any symptoms are experienced, hence why screening is so important. Chronic kidney disease costs the economy more than \$5 billion per year.^{13,14}
- Coronary heart disease is the leading single cause of death in Australia and costs the health system more than \$2.2 billion each year.¹⁵ More than 1.4 million Australians are at high risk of having a heart event in the next five years, yet only 30 percent are receiving guideline-recommended treatment.¹⁶
- One in four people will experience a stroke in their lifetime¹⁷ but more than 80 percent of strokes could be prevented.¹⁸ The estimated economic cost of stroke in Australia exceeded \$6.2 billion in 2020.¹⁹
- Around 500,000 people are living with undiagnosed type 2 diabetes²⁰ and around 2 million Australians have prediabetes and are at high risk of developing type 2 diabetes. There is strong evidence that early detection of prediabetes (impaired glucose tolerance) and targeted programs can prevent the progression to type 2 diabetes in up to 60 percent of cases.²¹

¹ AIHW. <https://www.aihw.gov.au/reports-data/health-conditions-disability-deaths/chronic-disease/overview>

² White SL. Chronic Kidney Disease, Diabetes & Cardiovascular Disease: Evidence Report 2021. Kidney Health Australia, Melbourne, Australia, March 2021.

³ World Health Organization 2018. [Saving lives, spending less: a strategic response to noncommunicable diseases](#). Assessing Cost-effectiveness in prevention. ACE-Prevention. 2010.

⁴ AIHW. <https://www.aihw.gov.au/reports-data/health-conditions-disability-deaths/chronic-disease/overview>

⁵ ABS. Australian Health Survey 2012

⁶ Chiuve SE, Fung TT, et al. Adherence to a low-risk, healthy lifestyle and risk of sudden cardiac death among women. JAMA. 2011;306(1):62-9. PubMed PMID: PMC3210472.

⁷ Chiuve SE, McCullough ML, et al. Healthy lifestyle factors in the primary prevention of coronary heart disease among men: benefits among users and nonusers of lipid-lowering and antihypertensive medications. Circ. 2006 Jul 11;114(2):160-7. PubMed PMID: 16818808. Epub 2006/07/05.

⁸ Banks E, Crouch SR, et al. Absolute risk of cardiovascular disease events, and blood pressure- and lipid-lowering therapy in Australia. MJA. 2016 May 02;204(8):320. PubMed PMID: 27125809. Epub 2016/04/30.

⁹ <https://www.cancer.org.au/cancer-information/what-is-cancer/facts-and-figures>

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- ¹⁰ <https://www.cancer.org.au/about-us/policy-and-advocacy/prevention-policy/risk-factors>
- ¹¹ Australian Bureau of Statistics. Australian Health Survey: Biomedical Results for Chronic Diseases, 2011-12. ABS, Canberra, 2013.
- ¹² Chadban SJ, Briganti EM, Kerr PG, Dunstan DW, Welborn TA, Zimmet PZ, et al. Prevalence of kidney damage in Australian adults: The AusDiab kidney study. *J Am Soc Nephrol.* 2003;14(7 Suppl 2):S131-S8.
- ¹³ Wyld ML, Lee CM, Zhou X et al. Cost to government and society of chronic kidney disease stage 1-5: a national cohort study. *Intern Med J* 2015; 45 : 741-7.
- ¹⁴ Cass A, Chadban S, Gallagher M et al. 2010. The economic impact of end-stage kidney disease in Australia: Projection to 2020. Kidney Health Australia, Melbourne, Australia.
- ¹⁵ www.aihw.gov.au/reports/australias-health/coronary-heart-disease
- ¹⁶ Banks E, et al. Absolute risk of cardiovascular disease events, and blood pressure- and lipid-lowering therapy in Australia. *Med J Aust.* 2016 May 2;204(8):320. doi: 10.5694/mja15.01004. PMID: 27125809.
- ¹⁷ GBD 2016 Lifetime Risk of Stroke Collaborators, Feigin VL et al. Global, Regional, and Country-Specific Lifetime Risks of Stroke, 1990 and 2016. *N Engl J Med.* 2018; 379(25):2429-2437
- ¹⁸ <https://strokefoundation.org.au/About-Stroke/Learn/facts-and-figures>
- ¹⁹ <https://strokefoundation.org.au/en/News/2020/11/04/02/57/No-Postcode-Untouched>
- ²⁰ <https://www.diabetesaustralia.com.au/about-diabetes>
- ²¹ <https://www.diabetesaustralia.com.au/about-diabetes/pre-diabetes/>